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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 10191191	
Substitute for Form PTO-875						
CLAIMS AS FILED - PART I						
(Column 1)			(Column 2)			
FOR	NUMBER FILED	NUMBER EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY		
			RATE \$395	RATE \$790.00		
			OR	OR		
			X \$25 =	X \$50 =		
			X \$100	X \$200		
			+ \$180	+ \$360		
			TOTAL	TOTAL		
* If the difference in column 1 is less than zero, enter "0" in column 2.						
CLAIMS AS AMENDED - PART II						
(Column 1)			(Column 2)		(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	
	Total (37 CFR 1.16(c))	* 7	Minus ** 20	=	RATE \$25	OTHER THAN SMALL ENTITY
	Independent (37 CFR 1.16(b))	* 24	Minus *** 4	=	X \$100	RATE \$50
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$180	X \$200
				TOTAL ADD'L FEE	+ \$360	
					TOTAL ADD'L FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	
	Total (37 CFR 1.16(c))	* 7	Minus **	=	RATE \$25	OTHER THAN SMALL ENTITY
	Independent (37 CFR 1.16(b))	* 24	Minus ***	=	X \$100	RATE \$50
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$180	X \$200
				TOTAL ADD'L FEE	+ \$360	
					TOTAL ADD'L FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	
	Total (37 CFR 1.16(c))	* 7	Minus **	=	RATE \$25	OTHER THAN SMALL ENTITY
	Independent (37 CFR 1.16(b))	* 24	Minus ***	=	X \$100	RATE \$50
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$180	X \$200
				TOTAL ADD'L FEE	+ \$360	
					TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10791191

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	6	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	6 minus 20=	
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	Fee
BASIC FEE	385.00
OR	BASIC FEE 770.00
X\$ 9=	
OR	X\$18=
X43=	
OR	X86= 86
+145=	
OR	+290=
TOTAL	
OR	TOTAL 856

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X43=	
OR	X86=
+145=	
OR	+290=
TOTAL ADDIT. FEE	
OR	TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAJNING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
OR		X86=	
X43=			
OR		+290=	
+145=			
OR		TOTAL ADDIT. FEE	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
OR		X86=	
X43=			
OR		+290=	
+145=			
OR		TOTAL ADDIT. FEE	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

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